

Inspector-General of the Australian Defence Force

Inquiry into allegations and perceptions that the military justice system has been, or has the potential to be, 'weaponised' or abused such that it may cause harm

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Improving the mental health of communities

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About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a binational college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 8700 members, including around 6000 qualified psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Key findings

- Defence Force culture emphasises unit cohesion and group identity
- Administrative justice, especially administrative discharge, can be used to reinforce group identity by removing service members from the group or enforcing behavioural norms
- Administrative sanctions are damaging to mental health because of the effects of inculturation and moral injury
- Mental health issues can manifest in actions attracting administrative justice responses

Introduction

The RANZCP welcomes the opportunity to provide a submission to the Inspector-General of the Australian Defence Force's independent inquiry into allegations and perceptions that the military justice system has been, or has the potential to be, 'weaponised' or abused such that it may cause harm.

This submission, informed by the RANZCP's position statement <u>PS 99: The mental health of veterans and defence force service members</u>, refers to the military justice system's use of administrative sanctions as a process susceptible to abuse. The RANZCP acknowledges and supports the reasoning underlying the use of administrative sanctions in the military justice system but notes that the role of group membership in military identity creates the potential for psychological harm.

Other relevant submissions and position statements from the RANZCP include:

- Position Statement 100: Trauma-informed practice
- Position Statement 105: Cultural safety
- Submission to Royal Commission into Defence and Veteran Suicide
- Submission on superannuation and pension schemes for current and former ADF members

The use of administrative sanctions

Military training and service creates norms and values which become 'an essential part of an individual's identity, affecting them both on and off duty,' especially a strong sense of collective identity. 'Discharge, especially when it is involuntary for medical, administrative or disciplinary reasons, involves loss of self-identity through loss of purpose and meaning, but also implicitly involves a loss of function and status/rank, and hence, the loss of positive self-worth and self-identity.' [1]

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Entry into the ADF results in an 'intense resocialisation' built upon 'a profound belief in the idea of military service.' Administrative sanctions can seem a form of institutional betrayal which damages this belief [2]. This challenges identity and leads to mental injury [3]. A particular concern, where more research is required, is the role of moral injury in exacerbating the symptoms of mental illness. Moral injury is not a psychiatric disorder in itself, but can lead to disorders or worsen their effects for service members and their families [4]. To the extent that the weaponisation of the justice system results in a moral violation caused by a sense of being betrayed by an institution which has become important to an individual, justice weaponisation creates the potential for moral injury.

One proxy indicator for the level of harm is observed suicide rates. The suicide rate for males and females administratively discharged are 187% and 245% higher than the comparable general population, respectively, compared to rates of 30% and 97% among those who resigned voluntarily [5].

In the context of military culture, administrative discharge therefore has a greater effect than only a loss of employment; the RANZCP recommends that the inquiry consider this effect when assessing the consequences of involuntary separation.

Administrative actions short of discharge are also susceptible to abuse. Collective military identity is arguably maintained by actions to sustain a fraternal culture that is 'exclusive, defensive and aggressive in sustaining its dominance' by breaking down individuals to integrate them into a cohesive unit [6]. Historically, members reporting sexual assault or these actions when they shade into abuse have been punished through an opaque administrative justice system; commanders have also used the system to harass targeted members while overlooking similar conduct by more favoured members (again, in order to establish collective identity) [7]. For example, the usage of or threatened usage of records of conversation has reportedly been used inappropriately to control the behaviour of subordinates [5].

This may be reflected in evidence of variation in sanction lengths and in that only 60% of participants in focus groups believe members subject to administrative sanctions are treated fairly [8, 9]. There may also be concerns about discrimination in the application of administrative sanctions; however, without better data provision and analysis these are difficult to verify.

Mental illness and administrative sanctions

According to the guidelines for PTSD treatment endorsed by the RANZCP and other bodies, and approved by the National Health and Medical Research Council:

The presentation of symptoms for military personnel tends to be somewhat different to other traumatic stress victims. The association between the trauma exposures and the workplace means PTSD often has an indirect presentation in these cases. For example, the individual's difficulties may manifest as increasing conflict with senior personnel over a variety of operational and disciplinary issues.

[...]

the individual may initially present with a prolonged period of numbing and increasing interpersonal insensitivity. This can manifest as inappropriate management of junior personnel or conflict with superiors. [10]

Such manifestations have led to administrative sanctions for ADF service members. The Royal Commission into Defence and Veteran Suicide (Royal Commission) similarly concluded that mental health decline leads to an increased likelihood of administrative action, and that '[c]ommanding officers are not always well placed, or necessarily equipped, to identify and manage these issues.' [5]

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The RANZCP welcomes the November 2024 'Consideration of Suspension from Duty and Involuntary Separation of ADF Members Alleged to have Engaged in Serious Misconduct' interim directive by the Chief of the Defence Force that includes a requirement to consider the member's mental health and impact of that condition on their conduct. The RANZCP also notes the Government's agreement with the Royal Commission's Recommendation 31: 'to consider the member's current mental health and/or the role that mental health may have played in [...] behaviour that attracted administrative action' before recommending administrative discharge. However, the RANZCP continues to be concerned about the potential use of administrative sanctions short of involuntary separation in cases of mental illness.

Recommendations

The RANZCP recommends that:

- The potential influence of mental illness be considered in all cases of administrative action, not only serious misconduct
- The administrative justice system be reconfigured within an assurance framework that monitors for abuse and discrepancies. This should, in the understanding that administrative sanctions risk moral injury, measure the severity of consequences for individuals (for example, inpatient admissions due to mental illness), not only their prevalence.

Further information

The RANZCP thanks the Inspector-General for the opportunity to provide this submission. If you have any questions or wish to discuss any details further, please contact Callie Kalimniou, Director, Policy & General Counsel at callie.kalimniou@ranzcp.org or (03) 9601 4984.

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